

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4711	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2011
NAME OF PROVIDER OR SUPPLIER NORTHAVERN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 BROADWAY NE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 853	<p>1200-8-6-.08(23) Building Standards</p> <p>(23) A negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure physical therapy areas were maintained at a negative pressure.(AIA Guidelines, Table 6) The findings include: Observation and interview with the Maintenance Director on October 12, 2011 at 2:30 p.m. confirmed the physical therapy department was not at a negative pressure and only had through wall air conditioning units.</p>		N 853	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>N853 It is practice of this facility to maintain a negative air pressure in the physical therapy department as per regulation. An exhaust fan was installed in the physical therapy department to provide a negative air pressure on 10/21/11 by the maintenance supervisor. Maintenance supervisor performed a negative air pressure test to ensure that the exhaust fan was in proper working order. Preventative maintenance program will include review of all exhaust fans to include the rehab department on a weekly basis. The maintenance supervisor will report the results to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities Director, Case Manager, Medical Director, and Maintenance Supervisor) at its monthly meeting for review and recommendations as indicated.</p>	11/18/11

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Breda Durbin

TITLE

Administrator

(X6) DATE

10/28/11

STATE FORM

8899

JR9Y21

If continuation sheet 1 of 1

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